

My Vision for Rural Health in the 1990s

By

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Apparently I'd been asked to give this same talk two years earlier in Washington at the 11<sup>th</sup> Annual Meeting and was unable to do so, so I opened regretting that and also acknowledging that I was much better prepared on this occasion than I would have been previously because in the interim I had walked the lonely roads of Appalachia, had visited sick children, visited with rural adults, and talked to worried and overwhelmed health care providers. I had also had seen the face of rural poverty and the growing loss of the capacity and public confidence in local health care delivery. So, my intellectual bond had developed into an emotional bond as well. I acknowledged that that emotional bond was with those present, but also with their constituency and further acknowledged that I was appalled at the level of need for all human services in rural American, but that my heart was warmed by the strength, courage, and hope of our rural citizens. I felt that I now knew in a very personal way what the National Rural Health Association actually did. Then I gave kudos where they were deserved and was very personal in my recollection of those who had won awards and accomplished great things in rural health.

At the time of my address, the NRHA was a broad-based organization of nearly 2,000 individuals and an annual diversified budget of \$15 million. The political process had been successfully engaged by a coalition of primary care centers, hospitals, clinicians, academics, researchers, and community folks.

For those who know little about the formal activities of those interested in rural health, this is a good beginning, and speaks by chapter and verse, of the efforts that were made in the years just before this talk to achieve the position and standing that the NRHA had among health organizations in America.

I then preached to the choir about some of the major rural issues and some of the immediate action steps that could be taken and from there moved to conclude with some broader visions of desirable change. Details are poignant and at times sad, but for anyone knowledgeable about rural health, they will resonate as truth and for those who are trying to learn something about it even at the level of 1990, it will be an eye opener. My wanderings through the future included the rural problems and necessary responses to things such as AIDS, substance abuse, smoking, systems of health care that not only meet needs, but operate within the constraints of existing resources.

My lecture closed with some very specific suggestions that must make provision for the future.